REPUBLIC OF GHANA

What works? What fails?

FINDINGS FROM THE NAVRONGO COMMUNITY HEALTH AND FAMILY PLANNING PROJECT

NAVRONGO HEALTH RESEARCH CENTRE

Vol. 4, No. 11 Navrongo Health Research Centre

WITH A 25-HOUR DUTY CALL…

"My name is Florence Akavure, Community Health Officer stationed at Chiana Kaliveo in the West zone of the Kassena-Nankana district. As a CHO, I live in the community where I am assigned to deliver compound-specific preventive and curative health care. The operation area is divided into seven clusters with a population of 4053 inhabitants. As a CHO I have been provided with a motorbike for compound visits and other activities. Each cluster has a register for recording data. All the clusters are visited once every 90-day period. My duties are aimed at improving primary health care at the community level. Specifically, I treat minor aliments at the clinic, most commonly: malaria, diarrheoa, and common cold. I offer family planning counselling and services, and run both antenatal clinics and child welfare clinics—where the growth of children is monitored by ensuring that they take all the immunizations such as Polio, BCG, Hip Hep, and Measles. Children who default are discovered during compound visits as are women who default in family planning. This is perhaps the biggest advantage of home visits—you discover problems and find solutions to them.

Florence Akavure tutoring a pupil on community-based heath care delivery

Health education is a major part of my duties since I am to help prevent people from falling ill in the first place. I educate people on proper waste disposal, clean environment, nutrition, and the importance of a well-balanced diet—emphasizing that it does not have to be expensive—because even at the community level there is enough food that can be combined in a certain way to get proper nutrition. I urge them to construct good and well-ventilated homes with large windows to enable fresh air to flow freely. Above all, I entreat them to patronize health facilities at the Community Health Compound (CHC)-level and to visit the hospital anytime they are ill.

Before I set out on compound visits in the morning, I usually draw an itinerary indicating where I am going and how to locate me. Just before I leave I conduct a routine check of my motorbike and put it in fine shape. I check my drugs stock level and replenish them if necessary. I then ride off prepared for all eventualities. Besides these day-to-day activities, I run three antenatal clinics every month. As a trained midwife in addition to being a CHO, I conduct deliveries. This means more work for me even though it is a blessing to the community members. In reality I have no time to rest, not even on Sundays. While I am at home, people call in for services especially family planning clients. Even while I am stirring my evening meal I break in between to provide services.

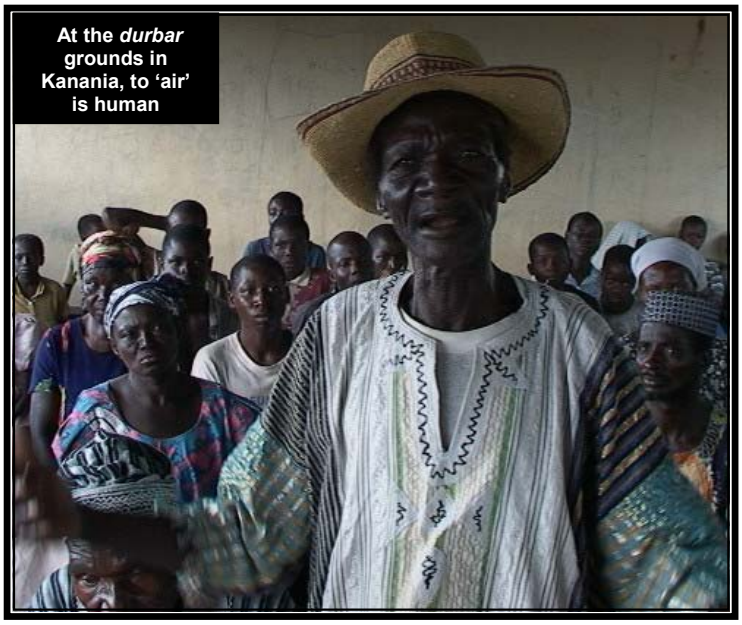
When I started as a CHO it was very tough for me—I have never stayed in a community alone without my family. At the community level I have been given all sorts of titles such as Director, Doctor, Midwife Nurse, Medical Assistant, Professor, and so on. This shows that my activities in the community are very much appreciated. I am very proud of that—it's one of the things that keeps a CHO going.

Despite the fact that there are no social amenities such as electricity in order to watch TV, or telecommunication services to connect to the sub-district hospital, I still enjoy the work. With the type of experience I have gained, I am sure I can work in any hamlet in Ghana."

...THERE'S NO TIME TO IDLE

"My name is Beatrice Azigedah, Community Health Officer stationed at Kanania in Kassena-Nankana west. I serve a population of 3396 in six clusters. I work 24 hours a day! Some of the logistics I have been given to do my work include a motorbike, cluster registers, and drugs.

Before I start my daily activities I leave a notice on my door directing people to where I can be located. I visit between 7-10 compounds a day. When on compound visits I look for women in the fertility age group (WIFA). I register pregnant women, palpate them, and administer immunizations to them and also to children ages 0-24 months. I organise child welfare clinics to monitor the growth of children and to ensure that they are fully immunized. When I enter a compound I enquire about everyone's health first. I then attend to emergency cases, if there are any. I do health education, counsel couples on family planning, and offer contraceptive services to those who request them. I also identify cases that need hospital attention and refer them. Infrequently I come across a labour case and I deliver the baby or assist the traditional birth attendant (TBA) with the delivery. I discovered that the delivery box of the TBA in my catchment area was well equipped so I usually assisted her with deliveries.



At the *durbar* grounds in Kanania, to 'air' is human

I normally return home late in the afternoon. I continue to see patients and clients at the CHC. In the night I go on to treat patients and attend to family planning clients who report. Sometimes I am called at night to attend to emergency cases such as labour or snakebite. Those that I cannot handle I refer immediately to the sub-district hospital.

At the end of every month I submit a report of my activities for the previous month to the district health management team. I realise that CHO work is very important because it helps capture non-attendance to antenatal clinics, family planning, or immunization defaulters. I also meet family planning clients in the comfort of their homes and discuss family planning as part of our general conversation about health.

Strictly speaking, the work of the CHO is very tiresome—especially when you are alone in the community. I also miss town activities and facilities such as electricity, television, and water that I could have been enjoying. I miss home. I miss my family and friends. I have two homes—the one with my family and friends and the other where my patients and clients are. I have to spend a lot more money running the two homes than I would have spent on just one. That makes things difficult sometimes. In the night there is interruption in my sleep as patients wake me to attend to emergency cases especially a woman in labour! When duty calls, I just have to respond."

Send questions or comments to: What works? What fails?
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This series has been launched to share experiences with people in Ghana and elsewhere around the world about what has worked and what has failed in an experiment to make primary health care widely accessible to rural people. The Kassena-Nankana community, whose active participation made *The Navrongo Experiment* possible, are hereby duly acknowledged. This publication was made possible through support provided by the Office of Population, Bureau for Global Programmes, Field Support & Research, U.S. Agency for International Development, under the terms of Award No. HRN-A-00-99-00010. The opinions expressed herein are those of the authors and do not necessarily reflect the views of the U.S. Agency for International Development. Additional support was provided by a grant to the Population Council from the Bill and Melinda Gates Foundation. The Community Health Compound component of the CHFP has been supported, in part, by a grant of the Vanderbilt Family to the Population Council.